

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,749,604.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,749,604.74
YTD Amount:	\$	30,886,732.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	10,262.03
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	8,947.03
YTD Amount:	\$	74,008.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00145396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	132,982.07
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	70,955.67
YTD Amount:	\$	599,211.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00938334
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	858,218.89
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	263,159.59
YTD Amount:	\$	2,308,952.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,461,983.32 County/City Ratio: 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	136,736.58
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	45,340.68
YTD Amount:	\$	395,172.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,436.41
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	28,437.61
YTD Amount:	\$	253,232.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,903,832.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,903,832.40
YTD Amount:	\$	15,682,499.19

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	128,205.01
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	50,069.21
YTD Amount:	\$	430,980.54

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	496,388.88
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	142,860.08
YTD Amount:	\$	1,260,683.76

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,325,327.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,325,327.63
YTD Amount:	\$	19,154,492.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,461,983.32 County/City Ratio: 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	122,994.42
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	44,201.12
YTD Amount:	\$	382,796.97

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	863,905.99
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	175,587.79
YTD Amount:	\$	1,626,911.97

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	856,060.38
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	216,618.18
YTD Amount:	\$	1,936,114.39

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00182884
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	167,269.33
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	57,243.63
YTD Amount:	\$	497,640.49

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,583,778.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,583,778.57
YTD Amount:	\$	13,046,111.81

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00466498
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	426,668.32
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	143,385.02
YTD Amount:	\$	1,248,348.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	187,647.98
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	85,351.68
YTD Amount:	\$	727,346.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,461,983.32 County/City Ratio: 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	134,451.86
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	65,740.56
YTD Amount:	\$	557,838.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.32827788
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	30,024,945.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,024,945.99
YTD Amount:	\$	247,325,393.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	420,363.85
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	132,149.15
YTD Amount:	\$	1,156,954.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	995,607.59
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	223,016.69
YTD Amount:	\$	2,020,421.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	71,644.00
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	28,137.80
YTD Amount:	\$	242,105.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 3/16/2013 TO: 4/15/2013

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Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	271,323.80
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	105,823.90
YTD Amount:	\$	910,982.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	524,543.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	524,543.62
YTD Amount:	\$	4,320,838.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00086396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	79,019.50
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	32,116.10
YTD Amount:	\$	275,684.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00123310
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,781.77
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	75,850.87
YTD Amount:	\$	633,567.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	771,606.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	771,606.22
YTD Amount:	\$	6,355,977.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,461,983.32 County/City Ratio: 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	419,730.93
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	113,434.23
YTD Amount:	\$	1,007,093.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00291055
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	266,204.68
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	80,125.38
YTD Amount:	\$	704,187.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,048,986.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,048,986.84
YTD Amount:	\$	41,590,166.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,461,983.32 County/City Ratio: 0.00358833
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	328,195.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	328,195.78
YTD Amount:	\$	2,703,451.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	112,860.43
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	22,341.23
YTD Amount:	\$	208,356.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.03234150
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,958,017.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,958,017.73
YTD Amount:	\$	24,366,170.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,062,690.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,062,690.49
YTD Amount:	\$	25,228,392.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	161,086.50
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	52,485.40
YTD Amount:	\$	458,109.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.03592458
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,285,733.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,285,733.34
YTD Amount:	\$	27,065,674.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,613,990.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,613,990.50
YTD Amount:	\$	46,244,290.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,726,378.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,726,378.07
YTD Amount:	\$	47,170,065.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01414136
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,293,396.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,293,396.83
YTD Amount:	\$	10,654,141.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	430,667.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	430,667.04
YTD Amount:	\$	3,547,545.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,328,945.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,328,945.36
YTD Amount:	\$	10,946,961.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	793,870.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	793,870.81
YTD Amount:	\$	6,539,375.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,195,096.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,195,096.34
YTD Amount:	\$	26,319,062.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	538,392.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	538,392.79
YTD Amount:	\$	4,434,919.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	735,713.79
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	199,612.49
YTD Amount:	\$	1,771,508.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	26,163.61
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	12,574.81
YTD Amount:	\$	106,808.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	207,969.92
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	70,766.52
YTD Amount:	\$	615,491.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,048,479.93
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	361,367.23
YTD Amount:	\$	3,139,773.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,696,250.28
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	377,914.38
YTD Amount:	\$	3,426,461.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01149562
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,051,412.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,051,412.20
YTD Amount:	\$	8,660,836.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	410,288.40
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	110,676.60
YTD Amount:	\$	982,786.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00302137
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	276,340.49
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	85,110.59
YTD Amount:	\$	746,464.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	116,910.37
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	55,760.67
YTD Amount:	\$	473,829.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.01023677
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	936,275.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	936,275.29
YTD Amount:	\$	7,712,403.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00234036
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	214,053.97
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	68,521.97
YTD Amount:	\$	598,981.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,241,037.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,241,037.59
YTD Amount:	\$	10,222,836.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	341,484.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	341,484.29
YTD Amount:	\$	2,812,918.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	334,835.92
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	95,277.92
YTD Amount:	\$	841,692.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	112,740.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,740.61
YTD Amount:	\$	928,677.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected: \$136,423,223.99 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,461,983.32 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	511,557.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	511,557.85
YTD Amount:	\$	4,213,869.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200273A
PAYMENT ISSUE DATE: 4/26/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2013 TO: 4/15/2013

Total amount collected:	\$136,423,223.99	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,461,983.32	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	171,616.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	171,616.52
YTD Amount:	\$	1,413,662.70